

Education and Medical Direction

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Objectives

- A brief review of history!
- Define provider requirements for initial certification.
- Define provider requirements for ongoing certification.
- Define accreditation and the role it plays in EMS Education.
- Detail the requirements of the EMS Medical Director in EMS education.

Why is this difficult?

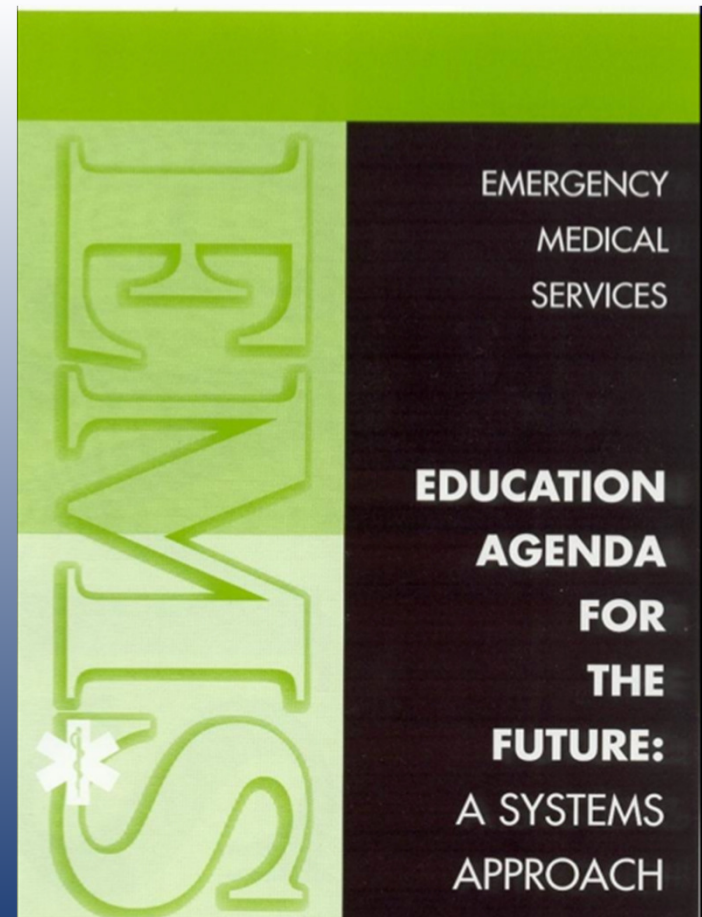
- Up until more recent times there has been no nationally utilized system of EMS education.
- Quality of education was widely variable
- In every other allied health profession:
 - Practice is well defined
 - Education is defined to prepare people to be competent in practice
 - Candidates graduate from accredited programs
 - Competency is shown through national certification

What was the solution?

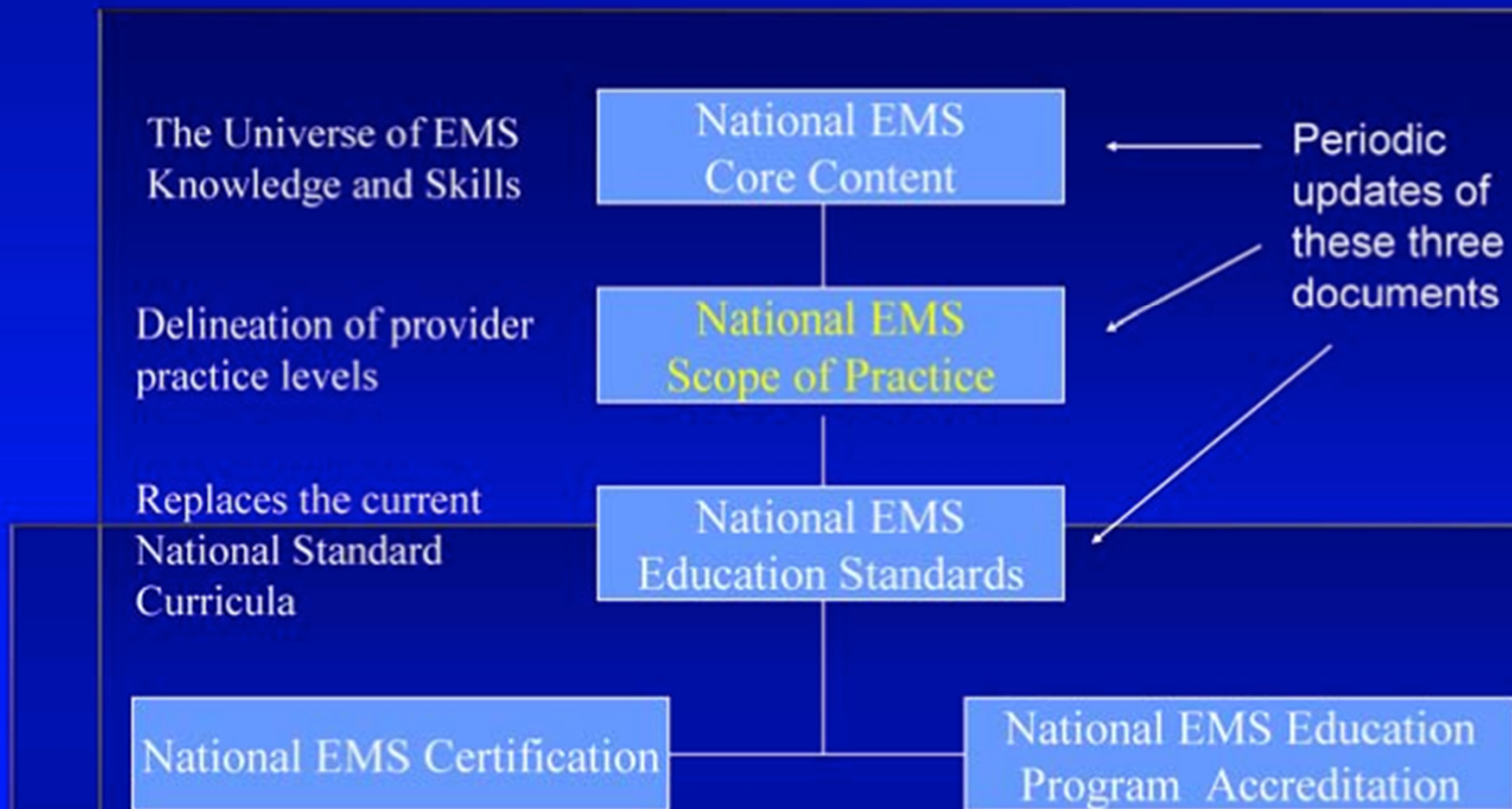
- To develop an approach that parallels other allied health professions.
- A single nationally recognized accreditation agency for EMS educational programs.
- National consistency in training.
- Why is EMS the only licensed healthcare profession that didn't require graduation from a nationally accredited educational program?

August 1996 – The Agenda

- Defined the vision for the future of EMS Education
 - Employed sound educational principals
 - Based on research
 - Conducted by qualified instructors
 - Refined in 1998 by NHTSA blueprint group and published ----->



The EMS Education Agenda for the Future: A Systems Approach



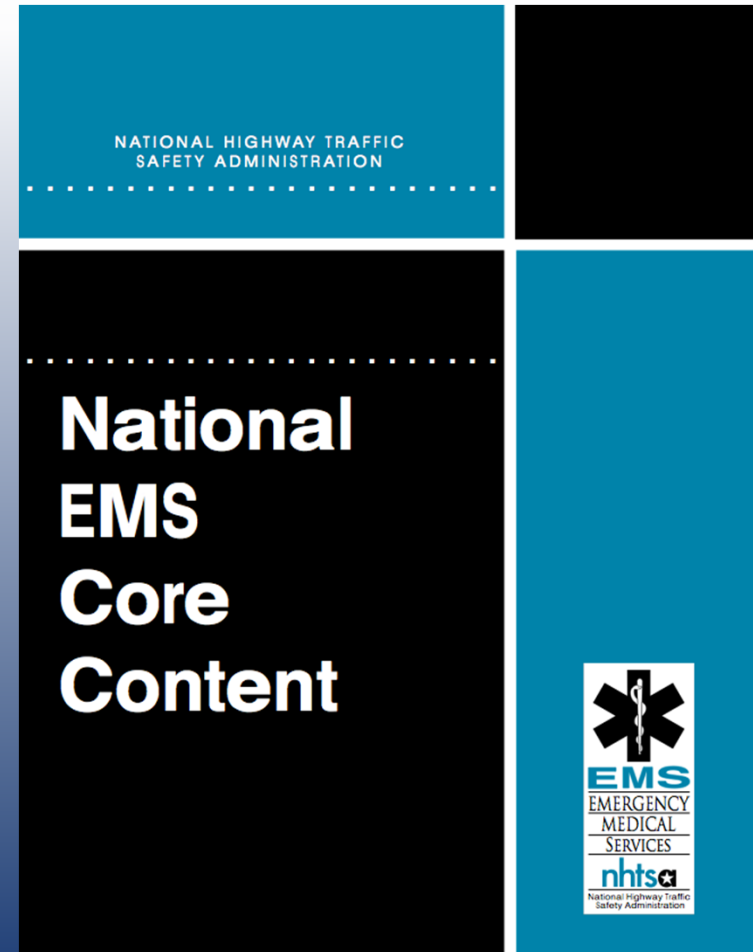
A single agency for each function - Standard exam, minimum competence, consumer protection

Welcome to Indiana

- January 21st, 2011 – EMS Commission partially adopted TAC recommendations.
 - National Education Agenda
 - Core Content
 - Scope of Practice
 - EMR
 - EMT
 - A-EMT
 - Paramedic
 - Educational Standards
 - Initial Certification Testing by NREMT (Medic, A-EMT)
 - Recertification remains with Indiana

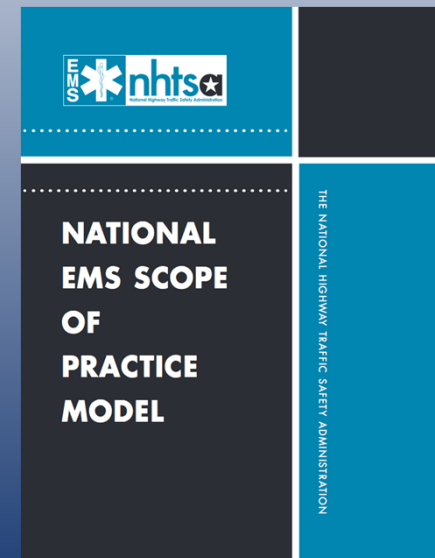
National EMS Core Content

- Published in 2005
- Defines the domain of out-of-hospital practice
- Addresses knowledge content globally
- Medically directed by NAEMSP and ACEP
- Funded by NHTSA



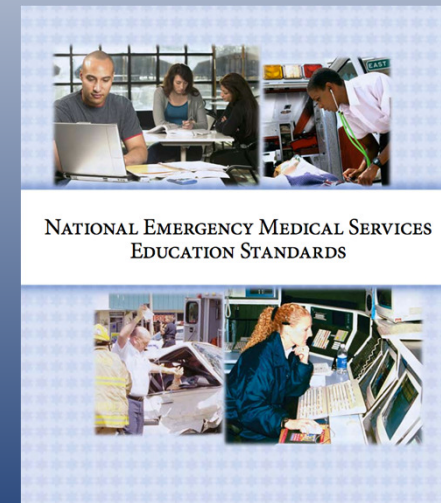
National EMS Scope of Practice

- Consensus document published in 2006
- Defines levels of EMS
- Delineates practice and minimum competencies for each level
- Does not have regulatory authority but provides guidance to each state
- Increases uniformity of EMS practice and allows for reciprocity among states
- Delegated to the NASEMSO
- Funded by the NHTSA
- Defines
 - Level of licensure
 - Skill set
 - Practice Environment
 - Knowledge
 - Qualifications
 - Services provided
 - Risk
 - Level of supervisory responsibility
 - Autonomy
 - Judgment
 - Critical thinking skills



National EMS Education Standards

- Led by NAEMSE
- Replaced the NHTSA National Standard Curricula at all EMS provider levels
- These are the standards
 - Competencies
 - Clinical Behaviors
 - Judgment



Certification and Accreditation

- National EMS Education Program Accreditation
 - Education Agenda states that you must graduate from an accredited program to be eligible for National EMS Certification
 - Institute of Medicine report supports this
 - The future of Emergency Care: EMS at the Crossroads
 - CoAEMSP
- National EMS Certification
 - NREMT meets this standard



YOU are the Medical Director

- Your responsibilities in Education
 - Initial training and certification
 - Ongoing continuing education



THE SPIRIT OF CARING

CAAHEP Standard III.B.2.a.

Medical Director Responsibilities

Standard

- The medical director must be responsible for all medical aspects of the program, including but not limited to:

Interpretation

- There must be written documentation that the Medical Director fulfills each of the responsibilities:



CAAHEP Standard III.B.2.a.1)

Medical Director Responsibilities

Standard

1) **review and approval** of the **educational content** of the program **curriculum** to certify its ongoing appropriateness and medical accuracy,

Interpretation

1) Documentation could include a **signed memorandum** stating the nature of review activities, dates conducted, etc.



CAAHEP Standard III.B.2.a.2)

Medical Director Responsibilities

Standard

2) review and approval of the quality of medical instruction, supervision, and evaluation of the students in all areas of the program,

Interpretation

2) Documentation could include a **signed memorandum** stating the nature of review activities, date of review, etc. This responsibility does not mean that the Medical Director must be present for each type of activity – only that he/she reviews and approves. **Review of evaluations** is for those that relate to the students, not the faculty/staff. The Medical Director is not responsible for evaluation of program personnel.

There must **be evidence of interaction** between the Medical Director and the students.



CAAHEP Standard III.B.2.a.3)

Medical Director Responsibilities

Standard

3) **review and approval** of the **progress of each student** throughout the program and assist in the development of appropriate **corrective measures** when a student does not show adequate progress,

Interpretation

3) Documentation could include **descriptions of on-going activities, date(s) of communication with program director** for such activities, etc.



CAAHEP Standard III.B.2.a.4)

Medical Director Responsibilities

Standard

4) assurance of the competence of each graduate of the program in the cognitive, psychomotor, and affective domains,

Interpretation

4) Documentation must include a **terminal competency form for each graduate** signed and dated by the Medical Director); [\[A CoAEMSP Terminal Competency form is available on the CoAEMSP web site for use by the program, if so desired.\]](#)

At the conclusion of the program there must be a document signed by the Medical Director attesting to the competence of each graduate as an entry-level Paramedic.



CAAHEP Standard III.B.2.a.5)

Medical Director Responsibilities

Standard

5) responsibility for cooperative involvement with the program director,

Interpretation



Ongoing Education

- 836 IAC 1-1-6(4)(C) – Audit and Review
- Each emergency medical service provider organization shall conduct audit and review at least quarterly to assess, monitor, and evaluate the quality of patient care as follows:
 - (1) The audit shall evaluate patient care and personnel performance.
 - (2) The results of the audit shall be reviewed with the emergency medical service personnel.
 - (3) Documentation for the audit and review shall include the following:
 - (A) The criteria used to select audited runs.
 - (B) Problem identification and resolution.
 - (C) Date of review.
 - (D) Attendance at the review.
 - (E) A summary of the discussion at the review.
- (4) The audit and review shall be conducted under the direction of one (1) of the following:
 - (A) The emergency medical services provider organization medical director.
 - (B) An emergency department committee that is supervised by a medical director. An emergency medical service provider organization representative shall serve as a member on the committee.
 - (C) A committee established by the emergency medical service provider organization and under the direction of the medical director or medical director designee. The medical director designee must:
 - (i) be a physician with an unlimited license to practice medicine in Indiana;
 - (ii) have an active role in the delivery of emergency care; and
 - (iii) have been designated in writing by the medical director as the medical director designee.
- (5) A method of identifying needs to staff development programs, basic training, in-service, and orientation.
- (6) The audit shall include all levels of care by emergency medical service personnel.

Your Education Responsibilities

- 836 1-2-1 (e) for basic providers
 - (2) Assure compliance with defibrillation training standards and curriculum established by the commission.
 - (3) Monitor and evaluate the day-to-day medical operations of the ambulance service provider organization.
 - (4) Assist in the continuing education programs of the ambulance service provider organization.
 - (6) Provide individual consultation to the emergency medical personnel affiliated with the ambulance service provider organization.
 - (7) Participate in the audit and review of cases treated by the emergency medical personnel of the ambulance service provider organization.
 - (8) Assure compliance with approved medical standards established by the commission performed by the ambulance service provider organization.
 - (9) Establish protocols.....

Your Education Responsibilities

- 836 IAC 2-2-1 (e) for paramedic providers
 - (3) Monitor and evaluate day-to-day medical operations of paramedic provider organizations.
 - (4) Assist the supervising hospital in the provision and coordination of continuing education.
 - (5) Provide individual consultation to paramedics.
 - (6) Participate in at least quarterly audit and review of cases treated by paramedics of the provider organization.
 - (7) Attest to the competency of paramedics affiliated with the paramedic provider organization to perform skills required of a paramedic under 836 IAC 4-9-5.
 - (8) Establish protocols for basic and advanced life support in cooperation with the medical control committee of the supervising hospital.

So what counts as approved content?

- In Indiana you, the medical director, decides what continuing education content is approved for your providers.
- NREMT looks to the State EMS Office.
- NREMT will accept education that you approve for your providers.

Your Responsibility!

- Ensure that your content meets the educational standards.
- Hold providers accountable for their continuing educational requirements.
- Track and verify provider hours.
- Be actively involved in both initial as well as ongoing continuing education.

The End - Questions?



THE SPIRIT OF CARING

References

- National Standard Curriculum for EMT-Paramedic published by NHTSA
- EMS Education Practice Blueprint
- EMS Agenda for the Future
- Education Agenda for the Future
- National EMS Core Content
- EMS at the Crossroads
- National EMS Scope of Practice
- Manz-Wagoner 2010
- NREMT
- Indiana Administrative Code
- Belinda Holt, PhD
- Kathi Ricketts, RN, BSN
- Robin Stump, , EMS Section Chief
- Elizabeth Fiato, EMS Education Section Chief